

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002083

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: SFISOA, INC.

**Current Principal Place of Business:**

5220 SW 196 LANE  
SOUTHWEST RANCHES, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

5220 SW 196 LANE  
SOUTHWEST RANCHES, FL 33332 US

**New Mailing Address:**

FEI Number: 33-1008163

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILDE, TOM  
1740 NW 88 WAY  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WILDE, TOM PRES  
Address: 1740 NW 88 WAY  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: TREA  
Name: STEMPLE, NEWMAN W  
Address: 931 CORKWOOD STREET  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: SECR  
Name: MCGEE, JOHN D  
Address: 5220 SW 196 LANE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

Title: VP  
Name: ORTIZ, OSCAR  
Address: 800 NORTH MIAMI AVE, APT 301  
City-St-Zip: MIAMI, FL 33136 US

Title: REP  
Name: ITURRIAGA, FERNANDO  
Address: 1195 READING TERRACE  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN DAVID MCGEE

SEC

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date